



# Agenda

## **MUNICIPAL DRUG STRATEGY TASKFORCE MEETING**

**Thursday, July 25, 2019**

**Market Station - Conference Room - 500 Market Station**

**11:00 a.m. - 1:00 p.m.**

1. Call to Order
2. Approval of Agenda
3. Approval of Minutes: May 30, 2019, June 27, 2019
4. Break to get lunch (15 minutes)
5. New Business:
  - a. Welcome (Emily Kaltenbach, MDST Chair)
  - b. Phase 2: Recommendation Development (MDST Chair)
  - c. City Council Meeting Prep (MDST Chair)
6. Comments from the Chair and Committee Members
7. Report from Staff
8. Matters from the Floor
9. Adjournment

*Persons with disabilities in need of accommodations, contact the City Clerk's office at 955-6520, five (5) working days prior to meeting date.*

**RECEIVED AT THE CITY CLERK'S OFFICE**

**DATE: July 18, 2019**

**TIME: 9:41 AM**

**SUMMARY OF ACTIONS  
MUNICIPAL DRUG STRATEGY TASK FORCE MEETING  
MARKET STATION CONFERENCE ROOM  
500 MARKET STATION  
THURSDAY, July 25, 2019, 11:00 AM**

<u>ITEM</u>	<u>ACTION</u>	<u>PAGE</u>
CALL TO ORDER		1
ROLL CALL	QUORUM	1
APPROVAL OF AGENDA	APPROVED	1-2
<u>APPROVAL OF MINUTES</u>		
MAY 30, 2019	APPROVED	2
JUNE 27, 2019	APPROVED	2
BREAK TO GET LUNCH		2
<u>NEW BUSINESS</u>		
WELCOME	INFORMATION/DISCUSSION	2
LANGUAGE DISCUSSION	INFORMATION/DISCUSSION	2-5
PHASE 2: RECOMMENDATION DEVELOPMENT	INFORMATION/DISCUSSION	5-9
CITY COUNCIL MEETING PREP	INCLUDED PREVIOUSLY	9
COMMENTS FROM THE CHAIR AND COMMITTEE MEMBERS	NONE	9
REPORT FROM STAFF	NONE	9-10

<b>MATTERS FROM THE FLOOR</b>	<b>NONE</b>	<b>10</b>
<b>ADJOURNMENT</b>	<b>ADJOURNED</b>	<b>10</b>

**MUNICIPAL DRUG STRATEGY TASK FORCE MEETING  
MARKET STATION CONFERENCE ROOM  
500 MARKET STATION  
THURSDAY, July 25, 2019, 11:00 AM**

**1. CALL TO ORDER**

The meeting of the Municipal Drug Strategy Task Force was called to order by Emily Kaltenbach, Chair, on Thursday, July 25, 2019, at 11:00 am, at the Market Station Conference Room, 500 Market Station, Santa Fe, New Mexico

**ROLL CALL**

**MEMBERS PRESENT**

Emily Kaltenbach, Chair  
Dr. Laura Dwyer  
Dr. Tim Condon  
Marcela Diaz  
Chris Wendel  
Larry Martinez

Sophie Andar  
Bernie Lieving  
Dr. Michael DeBernardi  
Kathy Armijo-Etre  
Dr. Wendy Johnson  
Sylvia Barela

**MEMBERS ABSENT**

Dr. Laura Brown, Excused  
Denise Herrera, Excused  
Laurie Knight, Excused  
Alex Dominguez  
Bret Smoker

Tony Dixon, Excused  
Andres Mercado, Excused  
Sue O'Brien  
John Osborn

**OTHERS PRESENT**

Kyra Ochoa, Director, Community Services, City of Santa Fe  
Julie Sanchez, Community Services, City of Santa Fe  
Michelle Gurule, City of Santa Fe  
Michelle Lis  
Joe Buffalo  
Elizabeth Martin, Stenographer

**2. APPROVAL OF AGENDA**

Chair Kaltenbach said Bernie agreed to speak to us about language and the

language we choose to use as we move forward with recommendations and the final report. Then we will look at the framework and the presentation for the City Council meeting. Then will be our committee work and next steps.

**MOTION** A motion was made by Mr. Martinez, seconded by Mr. Lieving, to approve the agenda as amended.

**VOTE** The motion passed unanimously by voice vote.

**3. APPROVAL OF MINUTES  
MAY 30, 2019, JUNE 27, 2019**

**Minutes of May 30, 2019**

**MOTION** A motion was made by Mr. Martinez, seconded by Ms. Wendel, to approve the minutes as presented.

**VOTE** The motion passed unanimously by voice vote.

**Minutes of June 27, 2019**

**MOTION** A motion was made by Mr. Martinez, seconded by Ms. Wendel, to approve the minutes as presented.

**VOTE** The motion passed unanimously by voice vote.

**4. BREAK TO GET LUNCH**

**5. NEW BUSINESS**

**A. WELCOME**

Chair Kaltenbach welcomed everyone to the meeting.

**B. LANGUAGE DISCUSSION**

Mr. Lieving said for your consideration he would like to read a paragraph he wrote and from a book. He would like us to think about the language we use moving forward.

The items Mr. Lieving read from are attached to these minutes as Exhibit "1".

Mr. Lieving said some examples for consideration of the use of language would be identifying people as people who use drugs, people who inject drugs and people in recovery. There are other ways we can collectively think about language that is emancipatory rather than oppressive.

Dr. Condon asked what words would we substitute for DSM 5 language.

Mr. Lieving said he did not know exactly. What are some things we can think about. The Mayor and City Council are not going to know DSM nomenclature.

Mr. Martinez said thanks for bringing that to our attention. We have been doing our deliberations in the conventional way of communication. He thinks that in such an important issue in terms of communication what we are trying to get across to those looking at our recommendations that maybe language is something we need to highlight. We want to eliminate the perpetuation of stereotypes and other terminology that will enable us to better implement these things. Have a specific recommendation that addresses that issue.

Mr. Lieving said we have to be mindful of the language and have a critical conscience of it.

Dr. DeBernardi said that is a great perspective. He doesn't like the word dependence. It is disempowering. He doesn't have a alternate. Maybe problematic substance abuse, unhealthy substance abuse.

Mr. Lieving said that is the kind of thing he wants to hash out.

Dr. Dwyer said Larry has a great idea to really state language issues as a recommendation. She is familiar with this. It is part of the disability rights issue. People find themselves identified as addicts or alcoholics, but we need to leave people to self identify. She is struggling with the alternate language. Maybe move more to a present tense. A person using drugs or a person in recovery.

Mr. Lieving said he is in agreement with you about what people call themselves is their business and not ours.

Ms. Barela said she has heard problematic substance abuse included in phases as judgmental, but opioid dependence might be okay. She appreciates this conversation. It is a great conversation to have and a way forward for sure, but we will not find clarity today in making changes in the language.

Chair Kaltenbach said great point. Maybe she and Bernie can work together on some suggestions. We are presenting on Wednesday to the Council so we will try to be an example as we speak. She will circulate some suggested language.

Ms. Armijo-Etre said the most important thing you did Bernie is bring up how we talk to lay people and your humanizing it in the way you did. Part of what you said is this is just one element of who someone is. It does not define them. It brings humanity to what we are talking about.

Ms. Wendel said she likes what Larry said about introductory comments about this issue. This is a work in progress. We don't have all the answers. What we have is an awareness and being cognizant.

Ms. Barela said perhaps this is something that becomes a recommendation that we become more sensitive to this issue and propose more conversations with the people we serve as to what their preference is.

Ms. Andar said one way to achieve that is implementation of some of our education recommendations. Also in supporting us being as conscience as possible in the language we use and not to use oppressive language. She thinks it is important that students and parents know the terminology because those are the terms they will run into when seeking medical care. Also we need to distinguish when something is problematic and when it is not. We need to indicate when substance abuse is of a harmful nature.

Dr. Condon said Sophie nailed it. The whole idea the last 10 years has been fighting over DSM5 language. These are the terminologies that came out of that. That is a national conversation. Also the trajectory, to try to get this in the medical model and not just bad behavior. We used those terminologies to get it included in the ACA and it worked as a medical condition. That is his perspective. He appreciates that you brought this up.

Mr. Lieving said today we are reverting to oppressive nomenclature. He thinks we need to look at other ways beyond the medical model and more of the literature when we talk about complexities of language in this work.

Dr. DeBernardi said in his clinical work and training a big component of that is healthy semantics. What makes us different from other species is that we have language. Language is what creates our reality. The labels we put on things. He trains clients to look at the words they use that are prescriptive and maternalistic and would like them to open up their thoughts to other language. No one has to do anything. It is conditional.

Ms. Barela said separating the fact that we may do an assessment to see if they have a substance abuse disorder rather than saying problematic when they walk in the door is an issue. Language can impact when we start working with individuals if they feel defensive and judged. She likes the idea of thinking about this and talking about this. It helps with that realization.

Dr. Dwyer said the use of this archaistic, materialistic, prescription language is an entry into getting treatment and is a code for funding. Secondly we are familiar with AA which is abstinence based, but the only requirement for membership is a desire to stop drinking. There needs to be a focus on choice and respecting people as a community offering more choices for families and more people.

Ms. Barela said for anyone not aware, the State has implemented a new model for treatment called Treat First. We can provide up to 4 treatment sessions without having to diagnose that person. It is a move in the right direction. After those 4 sessions you have to have a diagnoses to bill.

Chair Kaltenbach said thank you Bernie for bringing this up and having this discussion. It completely aligns with our guiding principals in eliminating stigma. The most important thing is that we are aware first. We may not all agree on what language to use. As we revisit our recommendations we will be more aware of language. She likes the idea of addressing this in our report and perhaps in a recommendation. Also if there are folks willing to volunteer as we dive into the written piece let us know so we can tap you for your input on the language. She is interested in not giving up DSM5, but individualizing th language.

### **C. PHASE 2: RECOMMENDATION DEVELOPMENT**

Chair Kaltenbach said thank you all for spending the time to do the survey. Michelle will walk us through the framework.

Ms. Lis did a power point presentation. The following comments were made during the presentation:

- Ms. Andar suggested putting this into established distinctions.
- Ms. Armijo-Etre, she appreciates the point that, given the audience, these words speak more to them and the categories are more our words.
- Chair Kaltenbach, that doesn't mean we can't define that in the report.
- Ms. Andar, this is public health driven.
- Ms. Wendel, add high blood content to the most adverse effects.
- Dr. Dwyer, add the word accountability.
- Ms. Armijo-Etre, somewhere in here it is important to hear we need to build from our existing system of care. We are not starting from scratch and need to support and enhance our delivery system. A strategy needs to be



included. Joint decision making in funding allocations. Things that get in the way of service delivery. Address the gaps.

- Ms. Diaz, she will email in some suggestions, but on upstream prevention, economic development is not the right term. She suggested using economic security.
- Ms. Armijo-Etre, add social determinants.
- Ms. Armijo-Etre, is there a way to bucket them into smaller categories such as stuff that needs to happen legislatively, and things that have to go through the courts.
- Chair Kaltenbach, we are going to do that with the recommendations as to short term, long term, etc.
- Dr. Condon, he is confused about taxes. Council will look at that.
- Chair Kaltenbach, there was a recommendation out of the harm reduction group to increase the alcohol tax. Another one was around cannabis and where those tax funds would go. We could delete 13 as a category and put those 2 recommendations under harm reduction and community based substance use disorder.
- Dr. Dwyer, don't we want to tell the City Council about guiding principals.
- Chair Kaltenbach, they are in there at the beginning. Council will have all the pages.
- Ms. Barela, she thinks we are not shying away from potential controversial conversations. She does not recommend removing it or hiding it.
- Dr. Condon, he was not suggesting removing it. He just wanted to know what you had in mind. He was thinking more about if in fact we get legalization of cannabis his understanding is that there was a discussion at the past Legislative Session about where the tax money would go. Very rarely does it go some place segregated, it goes into the General Fund.
- Chair Kaltenbach, for State excise tax that is probably true, but she anticipates that the City and the County can apply their own tax. At the last Legislative Session, 3% was to go directly back into City coffers. The suggestion was to earmark those dollars to go into education, prevention and harm reduction.
- Dr. Condon, he believes it was approved in Bernalillo County for the

money to be set aside. It would be in GRT, \$17 million a year.

Ms. Ochoa apologized for this being the only meeting she has been able to attend. She wants to echo Kathy's comment. She has concerns about the number of categories and wonders if you can reduce them without losing anything on here, but put them into buckets that are more similar. The City's role might actually be your categories. Also she suggests not getting a specific. This is hard to digest. On the objectives on the first slide you might have one in a very positive pro-person language. They are both kind of negative right now. You have to think about your audience.

Chair Kaltenbach said we can always revert back to the four buckets we went into this with. The challenge is that there is so much overlap. We did not want to lose the complexity at some level. We can try to do that and it might be good for the audience to simplify that back into four buckets.

Ms. Ochoa said think about the purpose of the presentation. Are you doing education or seeding a future request. She thinks it is the latter.

Chair Kaltenbach said this is one of many handouts. The presentation is different. This feedback is very helpful. We have to look at what can we do in 15 minutes that will be impactful. She would like to have other folks from the Task Force attend.

Mr. Lieving said Andres will be there in uniform. Would you like him to come dressed like Larry or like he usually dresses.

Ms. Sanchez said the Council does prefer formal attire when presenting.

Ms. Ochoa said on leadership and governance, that is a bit nebulous. Get a bit more targeted on that.

Chair Kaltenbach said she may get with Julie and Kyra, if you have time, to run some ideas by you.

Ms. Ochoa said knowing the few actual asks coming is important then that can inform how you frame this.

Chair Kaltenbach said we are not presenting this power point as the presentation. How to we package things without losing anything.

Mr. Lieving asked if Julie would send out the time and date again for the Council presentation.

Ms. Sanchez said will do.

Ms. Wendel asked do you at some point talk about the number of people involved in this.

Chair Kaltenbach said there are a couple of goals for this presentation. One is giving an update of who we are and what we are doing. She would err on the side of not going into as much detail. She is happy to provide that for them to look at. What our overarching goal is who was involved and the time and attention given to this.

Ms. Wendel said there has been an enormous commitment in this room for over a year now.

Chair Kaltenbach said we will finalize this and include something on the community conversations. We are looking at our community and taking direction from our community. The flow of the presentation is what have we been charged to do.

Ms. Ochoa asked what does proposed framework mean. Framework for what.

Ms. Armijo-Etre asked why does it say proposed.

Ms. Ochoa said organize under the four buckets and if there are things the City should do put that in a different color under that. Make it simple. Look like you did what you said you were going to do.

Chair Kaltenbach said the Resolution is organized by those four. In the report we can share the overlap and that these are not exclusive categories.

Ms. Andar said about next steps, are we including further assessment in terms of determining feasibility for the implementation plan like analyzing the City budget.

Chair Kaltenbach said she sees that as how we develop the implementation plan. If it needs to be named she can do that.

Ms. Andar said make it clear we are going to take the time to ensure these recommendations can be implemented.

Ms. Ochoa said that is the City's job. It is a balance. You want it to happen, but we have to figure out how and with what resources it can happen.

Ms. Armijo-Etre said she agrees, but there are some recommendations that are bigger than the City. An example would be the education stuff that needs to be in every system.

Chair Kaltenbach said in those the recommendation language should never be telling another entity what to do. It is advocating for something to happen. It is a complicated issue. A lot of hours have been dedicated to this. Our job is to make the

work impactful. Thank you for the feedback.

Chair Kaltenbach said what we would like to do for the rest of the time is have a chance to break back out into the four subcommittees. She sent out yesterday the survey responses by committee. What we would like to do as a next step is look at the feedback and integrate it back into the recommendations if needed and think about language and awareness. We will then have to be writing some rationale recommendations. Also this is an opportunity to answer questions raised in the survey. Some people asked very specific questions. Meet and start thinking about your next steps. We are refining. The full report will be presented in September.

Chair Kaltenbach said thank you so much for all of this incredible work. This is a model for how we can do community engagement and thoughtful work. Thank you for your heroic efforts.

Chair Kaltenbach said thank you and your staff especially Julie.

Ms. Andar said she would like to propose a slight change in how the conversation is going to proceed now. She had some comments in the survey that were made on recommendations we made.

Chair Kaltenbach said instead of doing that with the whole group get with your group and talk about that and write that down. There are a lot of those things for each committee. We will have to clarify some of those misconceptions. This is where rationale is really important. This is the place to make sure of that.

Chair Kaltenbach said Jerome has been an advisory member of this group. He worked with the City on contract and his contract ended. He now does not have time to participate. We will talk about assigning a new chair for that group.

The Task Force broke down into subcommittees.

The Task Force came back as a group to adjourn

#### **D. CITY COUNCIL MEETING PREP**

This item was part of the previous discussion.

#### **6. COMMENTS FROM THE CHAIR AND COMMITTEE MEMBERS**

None.

#### **7. REPORT FROM STAFF**

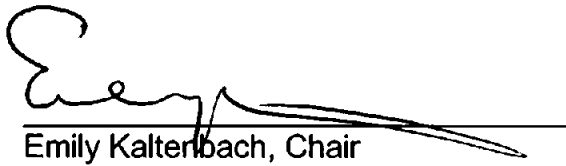
None.

**8. MATTERS FROM THE FLOOR**

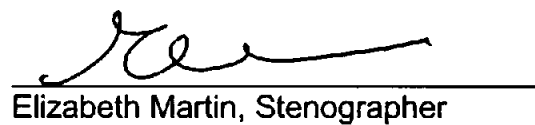
None.

**9. ADJOURNMENT**

There being no further business before the task force the meeting adjourned at 1:00 pm.



Emily Kaltenbach, Chair



Elizabeth Martin, Stenographer

## **Language Discussion for Municipal Drug Task Force**

For your consideration to ensure that our use of language in our recommendations aligns with the Task Force's guiding principles and solidarity.

Language informs behavior (how we treat people), it informs policy, and it informs practice. **Read page 22 and 52 paragraphs from Promoting Equality.**

The language too often used when discussing drug and alcohol use is pejorative, objectifying, oppressive, and the focus trends to pathology. Words like disorder, abuse, problematic, addict, and addiction are used unconsciously and habitually. This foments stigma and discrimination and further pushes people into hiding and away from accessing services.

Language can be unconsciously framed by the concept of essentialism – which is our tendency to define people by their substance use and treating it as an immutable essence or “fixed quality.” It ignores that people are infinitely more complex and that substance use is one facet of their life experience.

Essentialist thinking and its corresponding nomenclature relative to race, gender, class, sexual orientation, etc. serves to legitimate pre-existing social arrangements and maintains power differentials. This also can be applied people to the people we refer to in our recommendations.

The recommendations use terms from the DSM 5: SUD, OUD, and also commonly used language like addiction and drug addiction. In recommendation 15, we refer to clients as “collective ours.” The spirit of this recommendation is spot on, but the language is paternalistic and not aligned with our guiding principles.

I propose we continue reviewing the recommendations and make language changes, up to the final edits, and submission to the City. Also consider NOT using DSM-V language in the recommendations; this is not a peer-reviewed professional journal article or clinical report.

Language for consideration in contrast to those referred to above:

*People who use drugs*

*People who inject drugs*

*Opioid dependence*

*Alcohol dependence*

*Benzodiazepine dependence*

*People in recovery*

*Others that can be seen as emancipatory?*

Exhibit "1"